



Clackamas County Bar Association
For Our Members and the Community They Serve

www.clackamas-bar.org

www.facebook.com/Clackamas-County-Bar-Association

2017 ANNUAL MEMBERSHIP FORM

Part 1: Member Information

Name: _____ OSB # _____

Firm: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

We are pleased to announce our newsletter, *The Bar Tab*, is now being published in electronic format only. It will be available on our website and emailed to this address. Please indicate if you would like it emailed to a different address.

Part 2: Website Directory Listing

The Attorney Directory on the CCBA Website is well-used. Users may search by either attorney name or practice areas. Please complete Part 4 located on page 2 of this membership form. **FREE** to those who join before February 28, 2017; thereafter, the fee is \$25.00.

Part 3: Payment *Total Amount Due (membership expires 12/31/2017):*

Law Students*	Free	_____ 0
OSB Number 2013 or before	\$80.00	_____
OSB Number 2014 to 2017	\$50.00	_____
Website Directory Listing before 2/28/17	FREE	_____ 0
Website Directory Listing after 2/28/17	\$25.00	_____

*Limited Free Membership

TOTAL: _____

Please fill out **Parts 1, 3 and 4.**

RETURN ONE FORM PER ATTORNEY with Check or Online confirmation number to:
Clackamas County Bar Association (CCBA), PO Box 852, Oregon City, OR 97045.

Questions? Email Jean Wilson at administrativeassistant@clackamas-bar.org.

Part 4: Website Directory Listing Information

Please fill out the following to be added to the website directory. **FREE** to members who join before February 28, 2017; thereafter, there is an additional cost of \$25.00.

Email: ___ No, please do not list my email address in the online directory.

 ___ Yes, please list my email in the online CCBA attorney directory.

 Email address: _____

Website: ___ No, please do not include a website listing.

 ___ Yes, please list my website as follows:

 Website address: _____

Select three practice areas to be included in your CCBA website directory listing:

- | | | |
|--|---|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Environmental Law | <input type="checkbox"/> Motor Vehicle Accidents (Plaintiffs) |
| <input type="checkbox"/> Arbitration | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> P. Injury (Defense) |
| <input type="checkbox"/> Bankruptcy Law | <input type="checkbox"/> Family Law | <input type="checkbox"/> P. Injury (Plaintiff) |
| <input type="checkbox"/> Business Law | <input type="checkbox"/> Health Care Law | <input type="checkbox"/> Premises Liability |
| <input type="checkbox"/> Business Organizations | <input type="checkbox"/> Immigration & Naturalization | <input type="checkbox"/> Probate & Estate Administration |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Insurance Law | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Juvenile Law | <input type="checkbox"/> Real Estate Law |
| <input type="checkbox"/> Corporate Tax Law | <input type="checkbox"/> Labor Law | <input type="checkbox"/> Reference Judge |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Land Use & Zoning | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Custody & Visitation | <input type="checkbox"/> Landlord Tenant | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> Debtor Creditor | <input type="checkbox"/> Legal Ethics | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Divorce Law | <input type="checkbox"/> Legal Malpractice | <input type="checkbox"/> Traffic Violations |
| <input type="checkbox"/> DUI/DWI | <input type="checkbox"/> Lemon Law | <input type="checkbox"/> Wills & Trusts |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> Litigation & Appeals | <input type="checkbox"/> Workers' Comp. (Defense) |
| <input type="checkbox"/> Employment Law (Employee) | <input type="checkbox"/> Mediation Services | <input type="checkbox"/> Workers' Comp. (Plaintiff) |
| <input type="checkbox"/> Employment Law (Employer) | <input type="checkbox"/> Medical Malpractice | |

CCBA OFFICE USE: Date _____

Check No. _____ On-Line payment _____ Amount. _____

Renewal _____ Life Member _____ New Member _____